

Rhode Island State Police
Charitable Gaming Unit

311 Danielson Pike

North Scituate, Rhode Island 02857

REGISTRATION APPLICATION TO CONDUCT THE GAME OF BINGO

(FORM SP-1)

REVISED 1995

(MAY PRINT THIS APPLICATION FOR YOUR CONVENIENCE)

NOTE: This application is intended for charitable organizations desiring to conduct bingo games on a regular or weekly basis. Those organizations desiring to conduct bingo on an annual or semi-annual basis, or at occasions where the total prizes will not exceed \$400 per occasion (example: bingo at elderly complexes, primarily for recreation) should not complete this application, but should apply using a special bingo application (Form SP-4).

DIRECTIONS:

- 1. This application must be made out by the President, Chairman or Principal Officer of the applying organization.**
- 2. The information must be typed or clearly printed.**
- 3. All questions must be answered. If a particular question does not apply to your organization, please type N/A in the space provided.**
- 4. If you have questions regarding the information requested on this application, contact the Rhode Island State Police Charitable Gaming Unit at (401) 444-1147.**
- 5. The completed application, along with the organization's annual financial report of the bingo account and a \$5.00 application fee must be mailed to : Rhode Island State Police, Charitable Gaming Unit, 311 Danielson Pike, North Scituate, Rhode Island 02857. Please make check or money order payable to Rhode Island State Police.**
- 6. Applications will be accepted on this revised application form only. Any applications submitted on the old application form will be returned.**

SECTION I

- 1. Date of Application** _____
- 2. Name of Organization** _____
- 3. Principal Address of Organization** _____

4. Telephone Number of Organization _____

5. The Name Under Which the Organization Intends to Conduct the Game _

6. If Applying Organization Does Not Maintain an Office the Name, Address and Telephone Number of the Person Having Custody of the Financial Records of the Game

7. The Place and Date When the Organization was legally Established _____

8. The Purpose for Which the Organization Was Established _____

9. Is the Charter of Your Organization in Full Force and in Full Compliance with All of the Requirements under the Corporate Laws of the State of Rhode Island?

Section II

1. The Charitable Purpose or Purposes for which the Proceeds from the Game shall be used (Be Specific) _____

2. The Name of the Individuals or Officers of the Organization who will have responsibility for the Custody of the Proceeds from the Game _____

3. The Names of the Individuals or Officers of the Organization responsible for the final distribution of the Net Proceeds

4. List the approximate total Net Proceeds raised by the Organization for Charitable Purposes the preceding year:

From Bingo Operations \$ _____

From Other Sources \$ _____

5. List all of the Organization's Disbursement of Funds for Charitable Purposes during the preceding year. Be specific. If more space is required, use back of this page.

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____

- 1. List the name of the Bank, Checking Account Number of the Special Bingo Account, and Persons authorized to write checks on the special Bingo Account.**

SECTION III

1. List the day or days of the week on which your organization plans to conduct Bingo (Maximum of 2 days) _____

2. List the Address where the Game shall be conducted. (If site is not owned by the Organization, attach a separate written request, detailing supporting reasons why it should be approved and a copy of the Lease Agreement as required in the rules and regulations.)

3. How long has your Organization conducted the Game at the Location listed above?

4. What is the approximate Seating Capacity of the Bingo Hall where you plan to conduct the Game?

5. Does your bingo Location comply with the Rhode Island State Fire Safety Code?

6. Does your Organization desire to run a Door Prize Raffle, as detailed in the rules and regulations?

7. Does your Organization own its own Bingo equipment (ex: blower machine, flash board, tables and chairs, etc.)? _____ If equipment is not owned by the organization, attach a separate written request, detailing supporting reasons why the rental should be approved.

8. Where does your Organization plan to purchase its Bingo Supplies (paper strips, admission-control cards, etc.)? _____

SECTION IV

1. The Names, Addresses, Capacity, and Amount of Compensation for all Individuals, Officers, Directors, Trustees, Agents, Servants and/or Employees of the Organization who have received Compensation, Commissions or Remuneration, directly or indirectly, from the Gross Receipts of the Game in excess of \$750 last year.

NAME	ADDRESS	CAPACITY	AMOUNT

2. Name, Address, Date of Birth, Home Telephone Number of the organization's Member-in-Charge.

List Members of the Organization Working At The Bingo

1. Full Name

2. Complete Address

3. Date of Birth

4. Number of Years a Member of Organization

1. _____ 3. _____

(Principal Officer)

2. _____ 4. _____

1. _____ 3. _____

(Member in Charge)

2. _____ 4. _____

1. _____ 3. _____ **(Member Responsible for**

Gross Receipts)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

1. _____ 3. _____

(Member)

2. _____ 4. _____

(Attach Additional Sheets, If Necessary)

3. Has any Member listed on the Membership List of Bingo Workers:

A. Been convicted of a crime other than a traffic violation within the last five years?
Yes ____ No ____ . If yes, explain on Page last page.

B. Have any pending criminal matter? Yes ____ No ____ . If yes, please explain.

C. Been compensated in any manner, either directly or indirectly for working at any Bingo within the past five years? Yes ____ No ____

If yes, explain in detail on last page.

D. Received any compensation, either directly or indirectly from the rental of bingo supplies, facilities or equipment in the last five years. Yes ____ No ____ . If yes, explain on last page.

E. Worked as a bingo worker for more than one charitable organization at any one time in the past five years? Yes ____ No ____

If yes, explain on last page.

F. Been allowed to become a member of your organization primarily for the purpose of

working at bingo games? Yes ____ No ____ . If yes, explain in detail on last page.

G. Been approached by an individual offering to the organization the rental of bingo equipment, supplies or facilities? Yes ____ No ____ . If yes, explain in detail on last page.

H. Been approached by any individual offering to run the Bingo for your organization? Yes ____ No ____ . If yes, explain in detail on last page.

ATTACH ADDITIONAL SHEETS, IF NECESSARY

4. Will any Member listed on the Membership List of Bingo Workers of your Organization:

A. Be compensated from the gross receipts? Yes ____ No ____ . If yes, explain in detail on the last page, including name, address, rate of compensation , and expected amount in upcoming year.

B. Be compensated either directly or indirectly, as an agent, servant or employer of any person, corporation or entity engaged in the business of the sale or rental of bingo equipment, supplies or facilities. Yes ____ No ____ . If yes, explain in detail on last page.

C. Be performing any services, either directly or indirectly, as an agent, servant or employee of any person, corporation or entity engaged in the business of the sale or rental of bingo equipment, supplies or facilities? Yes ____ No ____ . If yes, explain in detail on last page.

D. Be working for more than one charitable organization as a bingo worker? Yes ____ No ____ .

E. Be informed of and made aware of the bingo rules and regulations prior to working at any bingo game. Yes ____ No ____ .

5. Do you understand that no applicant shall be approved if one or more of the statements in this application is not true? Yes ____ No ____ .

6. Do you understand that the entire net receipts of the game are to be applied solely to the Charitable Purposes of the organization? Yes ____ No ____

7. Do you understand that all expenses deducted from gross receipts must be reasonable and related to the actual conduct of the game? Yes ____ No ____

I hereby certify that the information provided herein is true to the best of my knowledge and belief. I authorize the Department to obtain credit or other

information about me or my organization which may assist the Superintendent in making a decision on this application. I am aware that false or misleading statements, or failure to abide by the rules and regulations of the Department will be cause for rejection of this application or revocation of my certificate of approval. Violations of Title 11, Chapter 19 of the General Laws of Rhode Island or of Department Rules and Regulations may result in a fine or imprisonment or both.

Signature of Title Head of Organization Date

Signature of Member in Charge of Bingo Date

Signature of Officer Responsible for Gross Receipts Date

NOTARY SEAL Subscribed and Sworn to Before Me This

_____ Day of _____, 19____

NOTARY PUBLIC